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Bib Data Sheet

CONFIRMATION NO. 9258

SERIAL NUMBER 09/751,636	FILING DATE 03/12/2001 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. NC30309
APPLICANTS Ken Landaiche, Sebastopol, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/12/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 5
INDEPENDENT CLAIMS 2				
ADDRESS 38879				
TITLE System and method for timing references for line interfaces				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>yes</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 5
				INDEPENDENT CLAIMS 2
ADDRESS 26349				
TITLE System and method for timing references for line interfaces				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	